DOCUMENT # N9400001590 1. Entity Name GRANVILLE CONDOMINIUM G ASSOCIATION, INC.				Mar 25, 2 Secretar	FILED Mar 25, 2002 8:00 am Secretary of State 03-25-2002 90017 013 ****61.25		
Principal Place of Business C/O CASTLE MANAGEMENT. INC. P.O. BOX 183013 PLANTATION FL 33318 US		Mailing Address C/O CASTLE MANAGEMENT. INC. P.O. BOX 189013 PLANTATION FL 33318 US) 1881/181 818 /81/11 8181/ 881/17 881/17	BBIH BBIAL HOBE BIND U	1117 aldin tabi	
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State City & State		··· - · ·	4. FEI Number 65-0461935		oplied For		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$0.75 A	ditional	
	6. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Regist			
·			Name				
DEECHED ELAINE			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
BEECHER, ELAINE 7548 GRANVILLE DR							
MARAC	FL 33321						
			City		FL Zip Cod	e	
SIGNATURE 10. TITLE	Signature, typed or printed name of registered of the second of the seco	9. Election Cam Trust Fund C	11.	\$5.00 May Be Added to Fees Dapa ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN	10	
NAME STREET ADDRESS CITY-ST-ZIP	FAGEL, CHARLOTTE 7582 GRANVILLE DR TAMARAC FL 33321	Lieu Delete	NAME STREET ADDRESS	IELLER, IRVING 1513 GRANVILE DR. TAMARAC FL 33321	·	Addition 5	
THTLE NAME STREET ADDRESS DITY-ST-ZIP	DP BEECHER, ELAINE 7548 GRANVILLE DR TAMARAC FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change		
ITLE IAME STREET ADDRESS ITY-ST-ZIP	VD POGEL, CHARLOTTE 7582 GRANVILLE DR TAMARAC FL 33321	Delete	NAME STREET ADDRESS 7	d Erkin, Leona 540 Granviue De. Tamarae. Fe 33321	☐ Change	Addition	
TREET ADDRESS TY-ST-ZIP	VD JUSTER, SUZANNE 7510 GRANVILLE DR TAMARAC FL 33321	· Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Change	☐ Addition	
ITLE AME TREET ADDRESS TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Belman, Ruth 516 Granville Dl. Amarae R 33321	☐ Change	Addition	
TLE ME TREET ADDRESS I TY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
indicated of the cor	on this report or supplemental repoporation or the receiver or trustee e or on an attachment with an addre	ort is true and accurate and that my mpowered to execute this report a	y signature shall have s required by Chapte ELMINE BE PLESIA		hat I am an officer	or director Block 11 if	